



Registration Form

Dr. Mr. Ms. (Please circle one.) Degree(s) _____

First Name _____ Last Name _____ M.I. _____

Institution _____

Specialty/Job Title _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email address _____

Early Registration: Payment must be received by May 15, 2004

_____ Conference Registration (Includes JV Irons Lecture Luncheon).....\$ 100.00

_____ 1-Day Conference Registration (Without Luncheon).....\$ 50.00/Day

_____ Additional J.V. Irons Lecture/Luncheon (must pre-pay).....\$ 25.00

_____ Full-time students - Letter from Department Chair must be submitted
with registration (Does NOT include Luncheon)..... \$50.00

Late registration: Payments received after May 15, 2004, and at the door

_____ Conference only (3 days) - without Luncheon \$ 125.00

_____ Daily registration - without Luncheon.....\$ 65.00/Day

Total Enclosed \$ _____

Make checks payable to: **Texas Health Foundation**

Mail to: **Diseases In Nature**
P.O. Box 4941
Austin, Texas 78765

NOTE: Refunds, less a \$25 processing fee, will be made for cancellation requests received before May 20, 2004. No refunds will be made after that date. As always, demand is high and seating for this year's conference is limited, so early registration is highly encouraged.